orm **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public
Inspection

A F	or th	e 2019	calendar year, or tax year beginning $10/01$, 2019,	and ending			09/	30, 20	20	
_			C Name of organization			D Employer ider	ntificatio	n numb	er	
Во	heck if a	pplicable:	AMERICAN ISRAEL EDUCATION FOUNDATION			52 - 1623	3781			
	Addr chan		Doing business as							
	7	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nur	mber			
	+	I return	251 H STREET NW			(202) 63	9-518	30		
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code			(,				
	termi Amei	inated nded	WASHINGTON, DC 20001		I.	G Gross receipts	\$	93	641	,663.
	retur Appli	n cation	F Name and address of principal officer: RICHARD FISHMAN		_	H(a) Is this a grou			Yes	X No
	pend	ing	251 H STREET NW, WASHINGTON, DC 20001			subordinates'	?	\vdash		\vdash
_	T					H(b) Are all subordi If "No," att			Yes	No
		empt st	tatus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) WWW.AIEFDN.ORG	or 527					uctions)	
				1		H(c) Group exemp				
			nization: X Corporation Trust Association Other	L Year of	formation	on: 1989 M s	State of	legal dor	nicile:	DC
P	art I		ımmary							
	1	Briefly	y describe the organization's mission or most significant activities: $_{ ext{SEE}}$ $_{ ext{SC}}$	CUEDOTE (<u> </u>					
Governance										
rna	_		. \square							
ove	2		k this box 🕨 🔛 if the organization discontinued its operations or dispose			1				٦٢
	3		per of voting members of the governing body (Part VI, line 1a)				3			35.
Se	4		per of independent voting members of the governing body (Part VI , line 1b) .				4			34.
Activities &	5		number of individuals employed in calendar year 2019 (Part V, line 2a)				5			0.
ŧ	6	Total	number of volunteers (estimate if necessary)				6			34.
⋖	l		unrelated business revenue from Part VIII, column (C), line 12				7a			0.
	b	Net u	nrelated business taxable income from Form 990-T, line 39		<u></u>		7b			0.
						Prior Year			ent Ye	
<u>a</u>	8	Contr	ibutions and grants (Part VIII, line 1h)		- 8	37 , 178 , 04	8.	58,	656 ,	174.
Revenue	9	Progr	am service revenue (Part VIII, line 2g)				0.			0.
ě	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)			834 , 52				649.
Ľ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			336 , 97			159 ,	749.
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		8	38,349,54	7.	60,	197,	572.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		1	L3,872,32	0.	13,	786 ,	019.
	14		fits paid to or for members (Part IX, column (A), line 4)				0.			0.
s	15		ies, other compensation, employee benefits (Part IX, column (A), lines 5–10).		2	27,564,32	5.	27,	126,	861.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)			0.			0.	
e d			fundraising expenses (Part IX, column (D), line 25) 2,292,352							
ũ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			29,902,57	5.	20,	382,	607.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			71,339,22				487.
	19		nue less expenses. Subtract line 18 from line 12			17,010,32				915.
es		INCVCI	ide 1633 expenses. Subtract line 10 from line 12			ing of Current Y			of Yea	
anc	20	Total	accete (Part V. line 16)			30,942,82		133,		
Ass Bal	21		assets (Part X, line 16)			376,26				267.
Net Assets or Fund Balances	21				1:3	30,566,56		131,		
	22 rt		ssets or fund balances. Subtract line 21 from line 20			, , , , , , , , , , , , , , , , , , , 	J•	± J ± , .	<u> </u>	
			of perjury, I declare that I have examined this return, including accompanying schedu	iles and statem	nents an	d to the hest of	my kno	wledge	and he	Lief it is
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer has	s any kno	wledge.	,	· · · · · · · · · · · · · · · · · · ·	und 50	
			Turania Linara			8/5/2	021	16:5	50 E	DT
Sig	n	3	SWYMMU EMVYCY Signature of officer — C89A/6DFB215492			l Date				
He	re	_	-C89A76DFB215492 SUZANNE KINZER							
		-	Type or print name and title							
			Type preparer's name Preparer's signature	Date		011	if PTII	N		
Paid	ı	MAR		8/3/2	2021	Check self-employe	"	P0187	7156	3
Pre	parer		De Har III							
Use	Only			22102		Firm's EIN \blacktriangleright 1		93-06		
N/a:	, +h-					110110 1101				—
_			liscuss this return with the preparer shown above? (see instructions)		<u></u>			Х Уе		No
ror	rape	rwork	Reduction Act Notice, see the separate instructions.					Form	コララし	(2019)

Page 2 Form 990 (2019)

Pa	art III	Statement of Program Service Check if Schedule O contains		
1		escribe the organization's miss CHMENT 1	ion:	
2	prior Fo		gnificant program services during the year	
3	Did the services	organization cease conduct	ng, or make significant changes in h	
4	Describe expense	s. Section 501(c)(3) and 501	service accomplishments for each of it	s three largest program services, as measured ort the amount of grants and allocations to othe
4a	(Code:		16,411,264. including grants of \$13,	
			DING MIDDLE EAST RESEARCH, E	
			AND LEADERSHIP PROGRAMS FOR	
		<u> </u>	ORED TRIPS TO HELP EDUCATE P	
		S AND INFLUENTIALS AND	BOUT THE IMPORTANCE OF THE U	NTLED
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other p	rogram services (Describe on S	chedule O.) grants of \$) (Revenue	\$
4e	<u> </u>	ogram service expenses	36,411,264.	Ψ J
JSA	020 2.000	- G		Form 990 (20

Form 990 (2019) Page **3**

Part	Checklist of Required Schedules			
	<u>.</u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_	37	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
^	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ŭ	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
12 a	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2019)
Page 4

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.5
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·		28c		Х
20	"Yes," complete Schedule L, Part IV		X	21
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		3.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		X	
Dow	19? Note: All Form 990 filers are required to complete Schedule O.	38	Λ	
Part				X
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. A
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	.40
	Enter the number reported in Box of Fermi 1000. Enter of infect applicable 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
	Enter the number of Fermi W 20 meraded in line 1d. Enter 6 in het applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -	Х	
	reportable gaming (gambling) winnings to prize winners?	1c	Λ	

Form 990 (2019) Page **5**

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
h	If "Yes," enter the name of the foreign country ▶ ISRAEL			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
16	If "Yes," complete Form 4720, Schedule O.			

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	1a	35			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1b	34			
b	Enter the number of voting members included on line 1a, above, who are independent			1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel		-	2		X
_	any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or ur			3		Х
4	supervision of officers, directors, trustees, or key employees to a management company or other p			4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el					
ı a	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval					
b	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under					
•	the year by the following:	Jitake	ir during			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	ırpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat c	ould give		37	
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-			v	
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review an		-			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a		X
a	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			130		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila		-	16a		Х
L	with a taxable entity during the year?			100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeg	guard the	4.01-		
Soot	organization's exempt status with respect to such arrangements?			16b		
	on C. Disclosure)				
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2	000		- /0	4:4	047
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website X Another's website Upon request Other (explain on Sc	ply.		(Sec	tion 5	υ1(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of	nents,	conflict o	f inte	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's by STREET NW WASHINGTON DC 20001	ooks	and record	s 🕨		

Form **990** (2019)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither	the organization nor	anv related	organization	compensated	any current officer	. director, or trustee.

(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	erson	e than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	and Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)RICHARD FISHMAN	5.00									
EXECUTIVE DIRECTOR	40.00	Х		Х				0.	902,393.	69,701
(2) ARNE CHRISTENSON	5.00									
MANAGING DIR-POLICY & POLITICS	40.00			Х				0.	660,338.	69,701
(3) BENNETT GOLDSTEIN	5.00									
CFO	40.00						Х	0.	394,116.	49,555
(4) MARY RICKEY	5.00									
INTERIM - CFO	40.00	Х		Х				0.	288,652.	69,741
(5) LEE ROSENBERG	4.00									
PRESIDENT	4.00	Х		Х				0.	0.	0
(6) ALAN LEVOW	4.00									
VICE PRESIDENT	4.00	Х		Х				0.	0.	0
(7) DONNA STERNBERG	4.00									
TREASURER	4.00	Х		Х				0.	0.	0
(8) DAVID VICTOR	4.00									
BOARD MEMBER	4.00	X		Х				0.	0.	0
(9) PAUL BAKER	4.00									
BOARD MEMBER	4.00	X		Х				0.	0.	0
(10) EDWARD LEVY, JR.	4.00									
BOARD MEMBER	4.00	X		Х				0.	0.	0
(11) HOWARD FRIEDMAN	4.00									
BOARD MEMBER	4.00	X		Х				0.	0.	0
(12) DENNIS ALBERS	4.00									
BOARD MEMBER	4.00	Х						0.	0.	0
(13) ROBERT ASHER	4.00									
BOARD MEMBER	4.00	X						0.	0.	0
(14) RICHARD BASSUK	4.00									
BOARD MEMBER	4.00	X						0.	0.	0

Form **990** (2019)

Form 990 (2019) Page **8**

	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	nplo	yee	es,	and F	lig	hest Compensat	mpensated Employees (continued)					
	(A)	(B)			(C	C)			(D)	(E)		(F)			
	Name and title	Average			Posi				Reportable	Reportable		timated			
		hours per	,				e than o is both		compensation	compensation from		ount of other			
		week (list any hours for					or/truste		from the	related organizations		otriei pensatio	on		
		related	Ind or o	Ins	Officer	Key	Hig em	Forme	organization	(W-2/1099-MISC)	fro	om the			
		organizations	ividu	titut	icer	em (hes	mer	(W-2/1099-MISC)		-	anizatio			
		below dotted line)	ual t	iona		employee	ee t co					d related inization			
		,	Individual trustee or director	2		/ee	npe				9-				
			e e	Institutional trustee			Highest compensated employee								
							e d								
1	5) BETSY BERNS KORN	4.00													
	BOARD MEMBER	4.00	X						0	0.			0		
	6) ROBERT COHEN	4.00								_			_		
_	BOARD MEMBER	4.00	X		Ш				0	0.			0		
$(\frac{1}{2})$	7) PHILIP DARIVOFF	4.00													
_	BOARD MEMBER	4.00	X		Ш				0	0.			0		
$\begin{pmatrix} 1 \\ - \end{pmatrix}$	8) ANN DAVIS	4.00													
_	BOARD MEMBER	4.00	X		Ш				0	0.			0		
$\begin{pmatrix} 1 \\ - \end{pmatrix}$	9) ROBERT DIENER	4.00													
_	BOARD MEMBER	4.00	X						0	0.			0		
2	0) MELVIN DOW	4.00													
_	BOARD MEMBER	4.00	X						0	0.			0		
(2	1) JOSEPH FELSON	8.00													
	BOARD MEMBER	0.	Х						0	0.			0		
(2	2) AMY FRIEDKIN	4.00													
_	BOARD MEMBER	4.00	X						0	0.			0		
2	3) MARTIN GELLER	8.00													
	BOARD MEMBER	0.	X						0	0.			0		
$(\overline{2})$	4) SANDER GERBER	8.00													
_	BOARD MEMBER	0.	Х						0	0.			0		
$(\overline{2})$	5) RICHARD GOODMAN	8.00													
_	BOARD MEMBER	0.	Х						0	0.			0		
-	1b Sub-total	•							0.	2,245,499.	2	258,6	98.		
	c Total from continuation sheets to Part VII, Se	ection A						•	0.	0.			0.		
	d Total (add lines 1b and 1c)							\blacktriangleright	0.	2,245,499.	2	258,6	98.		
-2	2 Total number of individuals (including but not I	limited to t	hose	liste				re	ceived more than	\$100,000 of					
	reportable compensation from the organization	n ▶	0.				•								
												Yes	No		
;	3 Did the organization list any former office	er. directo	r. or	tru	uste	e.	kev e	ame	olovee, or highes	t compensated					
	employee on line 1a? If "Yes," complete Schedu										3	Х			
	4 For any individual listed on line 1a, is the s														
•	organization and related organizations gre														
	individual										4	Х			
	5 Did any person listed on line 1a receive or														
	for services rendered to the organization? If "Ye										5		X		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Form 990 (2019) Page 8

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	.	Position		Reportable	Reportable	Estimated				
	hours per week (list any	١,	(do not check more than one box, unless person is both an		compensation	compensation from	amount of other				
	hours for			•		or/trust		from the	related organizations	compensation	
	related	Ind or	sul	Off	₹ e	Hig	For	organization	(W-2/1099-MISC)	from the	
	organizations	vidu	titut	Officer	Key employee	hes	Former	(W-2/1099-MISC)		organization	
	below dotted line)	ual t	ione		plo	t co				and related organizations	
		Individual trustee or director	Institutional trustee		/ee	Highest compensated employee				- · g	
		ee	stee			nsa					
						ted					
26) BERYL GRACE	8.00										
BOARD MEMBER	0.	X						0	0.		0
27) RUSSELL HOLDSTEIN	4.00										_
BOARD MEMBER	4.00	Х						0	0.		0
28) MICHAEL KASSEN	4.00										_
BOARD MEMBER	4.00	Х						0	0.		0
29) BARRY MANNIS	4.00										_
BOARD MEMBER	4.00	Х						0	0.		0
30) LOTHAR MAYER	8.00										_
BOARD MEMBER	† <u>-</u> 0.	Х						0	0.		0
31) GILA MILSTEIN	8.00										_
BOARD MEMBER	· · · · · · · · · · · · · · · · · · ·	Х						0	0.		0
32) AMNON RODAN	8.00										_
BOARD MEMBER	0.	Х						0	0.		0
33) GARY SCHATSKY	8.00							-			_
BOARD MEMBER	0.	Х						0	0.		0
34) LYNN SCHUSTERMAN	8.00							,	9,1		-
BOARD MEMBER	0.	Х						0	0.		0
35) BARRY SILVERMAN	4.00								0.1		-
BOARD MEMBER	4.00	Х						0	0.		0
36) JEFFREY SNYDER	4.00								0.		-
BOARD MEMBER	4.00	Х						0	0.		0
- 	1.00	21						0.	0.).
1b Sub-total								0.	0.	0	÷
c Total from continuation sheets to Part VII, S	-				• •						_
d Total (add lines 1b and 1c)								asived mare then	\$100,000 of		_
2 Total number of individuals (including but not reportable compensation from the organizatio		nose . 0		u ai	DOVE	e) who	оте	ceived more than	\$100,000 01		
Teportable compensation from the organizatio		0.								V N-	_
						_				Yes No	_
3 Did the organization list any former office										3 X	
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	IVIdl	uai	• •		• •			3 X	
4 For any individual listed on line 1a, is the											
organization and related organizations gr										. 37	
individual										4 X	
5 Did any person listed on line 1a receive or										_	
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	ıle J	l for	such	per	son		5 X	_

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII

Part VII Section A. Officers, Directors, Tr	ustees Ke	v Fn	nlc)Ve		and F	lia	hest Compensat	ed Emplo	VAAS (C	ontinueo	Page 8
(A)	(B)	, y	ipic		C)	ana i	ııg.	(D)	(E)			<u>'/</u> [F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	sition more	e that both tor/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Report compensat relate organiza (W-2/1099	able ion from ed ations	Estir amo ot compe fron organ and	mated bunt of cher ensation m the hization related izations
37) ROSELYNE SWIG	4.00											
BOARD MEMBER	4.00	Х						0		0.		(
38) MICHAEL TUCHIN	4.00											,
BOARD MEMBER	4.00	X						0		0.		(
39) SUZANNE KINZER CFO	5.00	-		X				0		0.		(
		-		77				0		0.		
total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				> re	0 . eceived more than	\$100,000	of.		0 .
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Yes No X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. It	"Yes	3,"	complete Schedu	ıle J for	such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indiv	ridual	5	Х
Complete this table for your five highest compensation from the organization. Report of year.											n's tax	
(A)								(B)	_		(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Page 9

Part VIII Statement of Revenue

(B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues c Fundraising events 1c d Related organizations Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above 58,656,174 1f g Noncash contributions included in lines 1a-1f. 1g \$ Total. Add lines 1a-1f 58,656,174 **Business Code** Program Service Revenue 2a е All other program service revenue 0. Investment income (including dividends, interest, and 1,359,351 1,359,351 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss) . . Gross amount from (i) Securities (ii) Other sales of assets 33,466,389. other than inventory 7a b Less: cost or other basis Other Revenue 7b 33,444,091. and sales expenses . . 22,298. c Gain or (loss) 7c 22,298. 22,298 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 8a 0. 8b **b** Less: direct expenses 0. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright 10a Gross sales of inventory, less Ω returns and allowances 0. Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous OTHER INCOME 900099 159,749 159,749 Revenue 11a b All other revenue 159,749 Total. Add lines 11a-11d 1,541,398. 60,197,572. 12

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

000	Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,786,019.	13,786,019.				
2	Grants and other assistance to domestic						
_	individuals. See Part IV, line 22	0.					
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign	0					
	individuals. See Part IV, lines 15 and 16	0.					
4	Benefits paid to or for members	0.					
5	Compensation of current officers, directors, trustees, and key employees	0.					
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	0.					
7	Other salaries and wages	27,126,861.	14,165,011.	11,344,943.	1,616,907.		
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	0.					
9	Other employee benefits	0.					
10	Payroll taxes	0.					
11	Fees for services (nonemployees):						
а	Management	0.					
b	Legal	40,536.	32,877.	7,659.			
	Accounting	49,758.		49,758.			
	Lobbying	0.					
	Professional fundraising services. See Part IV, line 17.	* 1		101 104			
1	f Investment management fees	191,184.		191,184.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	1,252,881.	639,592.	605,020.	8,269.		
40	(A) amount, list line 11g expenses on Schedule O.)	0.	037,372.	003,020.	0,200.		
	Advertising and promotion	1,296,208.	787,346.	483,524.	25,338.		
13 14	Office expenses	475,547.	306,354.	165,571.	3,622.		
15	Royalties	0.		, ,			
16	Occupancy	3,140,487.	620,682.	2,301,857.	217,948.		
17	Travel	516,550.	314,892.	163,263.	38,395.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	0.					
19	Conferences, conventions, and meetings	0.					
20	Interest	0.					
21	Payments to affiliates	0.					
22	Depreciation, depletion, and amortization	0.					
23	Insurance	242,638.	47,499.	154,056.	41,083.		
24	Other expenses. Itemize expenses not covered						
	above (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)	5 211 014		5 211 014			
_	BAD DEBT	5,311,814.	2 014 050	5,311,814.	220 105		
	PROGRAM	5,147,029.	3,014,059.	1,794,865.	338,105.		
_	TIPS	2,682,383.	2,682,383.	10 257	2 605		
_	PRINTING	35,592.	14,550.	18,357.	2,685.		
	All other expenses	61,295,487.	36,411,264.	22,591,871.	2,292,352.		
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	01,290,40/.	30,411,204.	22,391,011.	4,494,394.		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						
	following SOP 98-2 (ASC 958-720)	0.					
_	_	3.			Form 990 (2010)		

Form 990 (2019) Page **11**

Part X Balance Sheet

	II A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	22,058,158.	2	26,956,532.
	3	Pledges and grants receivable, net	54,629,339.	3	38,634,008.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	10,000,000.	7	10,000,000.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	692,047.	9	573,358.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	39,338,722.	11	52,749,112.
	12	Investments - other securities. See Part IV, line 11	1,109,570.	12	975,610.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	3,114,993.	15	3,403,649.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	130,942,829.	16	133,292,269.
	17	Accounts payable and accrued expenses	230,317.	17	305,528.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	14,619.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	131,324.	25	1,636,739.
	26	Total liabilities. Add lines 17 through 25	376,260.	26	1,942,267.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	66,183,981.	27	82,740,444.
B	28	Net assets with donor restrictions.	64,382,588.	28	48,609,558.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
χA	32	Total net assets or fund balances	130,566,569.	32	131,350,002.
Net	33	Total liabilities and net assets/fund balances	130,942,829.	33	133,292,269.
		Total maximus and not associated balances, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	200,712,027.	JJ	Form 990 (2019)

Form **990** (2019)

Form 990 (2019) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60,1	97,5	72.
2						87.
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,0	97,9	15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	30,5	66,5	69.
5	Net unrealized gains (losses) on investments	5		1,8	95,3	34.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-	13,9	86.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	31,3	50,0	02.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	"Other," explain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Inspection

OMB No. 1545-0047

AME	ERI	CAN ISRAEL EDUCATION	N FOUNDATION				52-16237	81
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		_ described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ited to its exempt finent income and un on after June 30, 19	unctions - subject to on the state of the subject to one of the subject to the subject to subject to subject to one of the subject to subject to one of the subject to one of th	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11		An organization organized	•	•	-		, , , ,	
12		An organization organized	•	•			·	
		of one or more publicly su Check the box in lines 12a t						
	Г							
а	L	Type I. A supporting orga	•	•			• , ,	
		the supported organization				ajority of	the directors or truste	es of the
L	Г	supporting organization.	•			مة طةنيي	ounnerted erecitoti	an(a) hu havina
b	L	Type II. A supporting org	•					
		control or management of		=	the Sam	e persor	is that control of man	age the supported
_	Г	organization(s). You must	-		tod in a	annaatia	n with and functional	ly intograted with
С	L	Type III functionally integrated its supported organization						iy integrated with,
d	Г	Type III non-functionally						tod organization(s)
u		that is not functionally into	•		•		• • • • • • • • • • • • • • • • • • • •	• ,
		requirement (see instruct		•	-		•	an attentiveness
е		Check this box if the orga	•	-				I Type III
·	_	functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	i, 1900 iii
f	Er	nter the number of supported			porting	organizat		
q		ovide the following information		orted organization(s).				
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
/ A \						1		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,857,993.	61,988,561.	79,715,768.	87,178,048.	58,656,174.	347,396,544.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	59,857,993.	61,988,561.	79,715,768.	87,178,048.	58,656,174.	347,396,544.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						21,617,654.
6	Public support. Subtract line 5 from line 4						325,778,890.
	tion B. Total Support	(-) 0045	(1-) 0040	(-) 0047	(4) 0040	(-) 0040	(O T-+-I
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	59,857,993.	61,988,561.	79,715,768.	87,178,048.	58,656,174.	347,396,544.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	511,521.	527,298.	871,654.	1,070,701.	1,359,351.	4,340,525.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	208,569.	245,166.	351,573.	336,974.	159,749.	1,302,031.
11	Total support. Add lines 7 through 10						353,039,100.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp	ort Percentag	ge				
14	Public support percentage for 2019 (lin	ne 6, column (f)	divided by line	11, column (f)).	T	14	92.28%
15	Public support percentage from 2018				-	15	93.96 %
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization			_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					•	•
	Part VI how the organization meets the			_			
	organization						
b	10%-facts-and-circumstances test - 2	018. If the org	anization did no	ot check a box	on line 13, 16a	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				_	•	
	supported organization						
18	$\label{eq:private foundation.} \textbf{Private foundation.} \ \textbf{If the organization}$	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	
	instructions						▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

				· •	•	<u>'</u>	
	tion A. Public Support	(-) 2015	(h) 2010	(=) 2047	(4) 2040	(-) 2010	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		4,0040	4 > 00.47	() 00 (0	()0040	(n =
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd. third. fourth	or fifth tax v	rear as a section	501(c)(3)
	organization, check this box and stop here.	•	·				` ` ` ` _
Sec	tion C. Computation of Public Supr						
15	Public support percentage for 2019 (line 8,	column (f), divid	ded by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, li	ne 15			16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018 S						%
	331/3% support tests - 2019. If the org					•	
	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2018. If the orga						
~	line 18 is not more than 331/3%, check						. —
20	Private foundation. If the organization d		•	•			

JSA 9E1221 1.000

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governi documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of star under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(2)(1) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the forei supported organization? If "Yes," describe in Part VI how the organization had such control and discreti despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinati under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2). purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the acti was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alrea designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribution (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ent with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of secti 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	NO
ng			
by			
/	1		
	•		
tus			
ted			
	2		
ver			
	3a		
ام ما			
nd			
the			
	3b		
(B)			
	3с		
If			
"	4a		
	Tu		
gn			
ion			
	4b		
on			
ed			
(B)			
(0)	40		
	4c		
es, "			
ΞIN			
on;			
ion			
	5a		
	Ja		
ıdy			
	5b		
	5c		
to			
ed			
or			
٠.			
	6		
tor			
ity			
•	7		
72			
7?	8		
	0		
ore			
ed			
	9a		
ch			
011	9b		
	35		
efit			
	9с		
on			
ed			
	10a		
to			
ιυ	401-		
	10b		
Form	agn or	990-E2	71 2N1Q

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
C = = 4!		1		
Secti	on D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
_		-	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>а</u>	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	·			·	ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	3				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER INCOME	208,569.	245,166.	351,573.	336,974.	159,749.	1,302,031.
TOTALS	208,569.	245,166.	351,573.	336,974.	159,749.	1,302,031.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Internal Revenue Service **Employer identification number** Name of the organization AMERICAN ISRAEL EDUCATION FOUNDATION 52-1623781 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number 52-1623781

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	KORET FOUNDATION 611 FRONT STREET	\$5,000,000.	Person X Payroll Noncash
	SAN FRANCISCO, CA 94111-1913		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JEWISH COMMUNAL FUND 575 MADISON AVENUE, FLOOR 703	\$3,500,000.	Person X Payroll Noncash
	NEW YORK, NY 10022		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	MILTON COOPER 2013 REVOCABLE TRUST 500 N BROADWAY STE 201 JERICHO, NY 11753-2128	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ESTATE OF HEDY ORDEN 813 N. ROXBURY DR. BEVERLY HILLS, CA 90210	\$1,600,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	CHARLES & LYNN SCHUSTERMAN FAMILY FDN 110 W 7TH ST, STE 2000 TULSA, OK 74119	\$1,500,318.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SWARTZ FOUNDATION 1 FREEDOM VALLEY DR. OAKS, PA 19456	\$1,450,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 52-1623781

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I if	additional	space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	ONE8 FOUNDATION 177 HUNTINGTON AVE, STE. 1500 BOSTON, MA 02115-3156	\$1,300,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	PAUL E. SINGER FOUNDATION 40 WEST 57TH STREET NEW YORK, NY 10019	\$1,250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization AMERICAN ISRAEL EDUCATION FOUNDATION

Employer identification number 52-1623781

art II	Noncash Property	(see instructions)). Use duplicate co	pies of Part II if addition	al space is needed.
--------	-------------------------	--------------------	---------------------	-----------------------------	---------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization AMERICAN ISRAEL EDUCATION FOUNDATION **Employer identification number** 52-1623781 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elect	ion under section 501(h)): Complete Part II-B. Do no	t complete Part II-A.
	e organization answered "Yes," (see separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate i	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) org				
Nam	e of organization			Employer ide	ntification number
AME	RICAN ISRAEL EDUCAT	ION FOUNDATION		52-162	3781
Pa	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (see ir	structions for
	definition of "political campa	aign activities")		`	
2	Political campaign activity e	xpenditures (see instructions)		▶\$	
3		campaign activities (see instruction			
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	i5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	nanagers under sect	ion 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
4a	=		-		
	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	xcept section 501(c)(3).
1	Enter the amount directly e	xpended by the filing organization	n for section 527 ex	cempt function	
2		ng organization's funds contributed			
		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo		
	line 17b			▶\$	
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5		and employer identification number			
		s. For each organization listed, er			
		tributions received that were pron nd or a political action committee (
		·	<u> </u>	1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				Tanadi ii iidiid, diita di	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

9E1264 1.000

Schedule C (Form 990 or 990-EZ) 2019	AMERIC	'AN ISRAE	L EDUCATION F	OUNDATION	52-1	623781	Page 2
Part II-A Complete if the o section 501(h)).	rganizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (elec	ction unde	r
		•	affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,	
B Check ► if the filing organ	nization ch	ecked box A	and "limited contro	ol" provisions app	oly.		
		ying Expend	ditures nts paid or incurred.	,	(a) Filing organization's totals	(b) Affilia	
					Organization's totals	group it	nais
1a Total lobbying expenditures to							
b Total lobbying expenditures to		•	, ,	0,			
c Total lobbying expenditures (a					61,295,487.		
d Other exempt purpose expen				-	61,295,487.		
e Total exempt purpose expend	•		,		01,255,407.		
f Lobbying nontaxable amoun columns.	. Enter tr	e amount i	rom the following	table in both	1,000,000.		
If the amount on line 1e, column	(a) or (b) is	The Johnvin	a nontavable amount i	io.	1,000,000.		
Not over \$500,000	(a) OI (D) IS	1	amount on line 1e.	15.			
Over \$500,000 but not over \$1,0	00 000		us 15% of the excess	over \$500,000			
Over \$1,000,000 but not over \$		<u> </u>					
Over \$1,500,000 but not over \$1	\$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000	7,000,000	\$1,000,000		iver \$1,500,000.			
g Grassroots nontaxable amou	nt (enter 2			-	250,000.		
h Subtract line 1g from line 1a.					0.		0.
i Subtract line 1f from line 1c.					0.		0.
j If there is an amount other				_	tion file Form 4720		
reporting section 4911 tax fo				•		Yes	No
			aging Period Under				
(Some organizations the	nat made a	a section 50		t have to compl	ete all of the five colum	ns below.	
	Lobi	oying Exper	nditures During 4-Ye	ear Averaging Pe	riod		
Calendar year (or fiscal year beginning in)	(a	2016	(b) 2017	(c) 2018	(d) 2019	(e) To	otal
2a Lobbying nontaxable amount	1,	000,000.	1,000,000.	1,000,00	1,000,000.	4,000	0,000.
b Lobbying ceiling amount (150% of line 2a, column (e))						6,000	0,000.
c Total lobbying expenditures							
d Grassroots nontaxable amount		250,000.	250,000.	250,00	250,000.	1,000	0,000.
e Grassroots ceiling amount							

Schedule C (Form 990 or 990-EZ) 2019

1,500,000.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019

Page 3

Page 1

Page 3

Pai	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	m 576	8		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		-				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С.	Media advertisements?						
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?						
e f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
, 2а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5),	or s	ection	l		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes."	R (b) Par	t III-A,		3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	nts c	f				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line $2c$ exceeds the amount on line 3 , what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	•	١ ١	4			
5	and political expenditure next year?		••	5			
5 Par	Taxable amount of lobbying and political expenditures (see instructions)			<u> </u>			
Pro۱	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	grou	p list)	; Part	II-A, liı	nes 1	and

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AME	RICAN ISRAEL EDUCATION FOUNDATION	52-1623781
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified transferred extinguished.	nated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
_	> \$	1-0 (1) (1) (D) (D)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	Yes No
9	in Part XIII, describe now the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	ai statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Cilinal Account
1a		statement and halance sheet works
ıu	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes th	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or rese	atement and balance sheet works of
	provide the following amounts relating to these items:	salon in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	30, p. 0
а		⊳ \$
b	Revenue included on Form 990, Part VIII, line 1	> \$

Schedule D (Form 990) 2019 Page **2**

 Using the organization's acquisition, accession, and other records, check any of the following that make signific collection items (check all that apply): a X Public exhibition d Loan or exchange program 	cant use o	of its
a X Public exhibition d Loan or exchange program		
b Scholarly research e Other		
c Preservation for future generations		
4 Provide a description of the organization's collections and explain how they further the organization's exempt p	urpose in	Part
XIII.		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar		_
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Yes X	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of the complete in the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of the complete in the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of the complete in the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of the complete in the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of the complete in the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of the complete in the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of the complete in the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of the complete in the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of the complete in the com	on Form	
990, Part X, line 21.		
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not	V [7 N.
included on Form 990, Part X?	Yes	No
Amount		
d Additions during the year		
e Distributions during the year		
f Ending balance		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Yes	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	· —	1
Part V Endowment Funds.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e)	e) Four years I	back
1a Beginning of year balance 35,455,360. 33,524,473. 31,102,235. 26,065,880.	23,834,	206.
b Contributions	1,409,	633.
c Net investment earnings, gains,		
and losses	1,325,	635.
d Grants or scholarships		
e Other expenditures for facilities		
and programs	503,	,594.
f Administrative expenses		
g End of year balance	26,065,	880.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:		
a Board designated or quasi-endowment ▶ 78.0000 %		
b Permanent endowment ▶ 6.0000 %		
c Term endowment ▶ 16.0000 %		
The percentages on lines 2a, 2b, and 2c should equal 100%.		
3a Are there endowment funds not in the possession of the organization that are held and administered for the		
organization by:	Yes	No
(,	3a(i)	X
()	3a(ii)	X
	3b	
4 Describe in Part XIII the intended uses of the organization's endowment funds.		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV.	X line 10	
	Book value	•
(investment) (other) depreciation		
1a Land		
b Buildings		
c Lageanoid improvemente		
c Leasehold improvements		
d Equipment		

Schedule D (Form 990) 2019

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.	"Ves" on Form 990	, Part IV, line 11b. See Form 990, Part X, lir	ne 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	16 12.
	(including name of security)		Cost or end-of-year market value	
	al derivatives			
	held equity interests			
(3) Other_ (A)				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
		"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, lir	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, lir	ne 15.
	(a) De	scription	(b) Boo	ok value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Pa	art X,
1.		tion of liability	(b) Boo	ok value
	ral income taxes		(2) 200	
_ ` '	TO AFFILIATE		1,6	536,739.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			536,739.
			the organization's financial statements that reports t	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

JSA
9E1270 1.000

Schedule D (Form

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 4

Complete if the organization answered Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1		(1.0111.000) 2010		1 age 4				
1 Total revenue, gains, and other support per audited financial statements	Part		Դ.					
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments				61 007 736				
a Net unrealized gains (losses) on investments		· · · · · · · · · · · · · · · · · · ·	1	01,007,730.				
b Donated services and use of facilities		- 1 005 224						
C Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 5 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Investment expenses not included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 25; b Chef (Describe in Part XIII.) c Add lines 2a through 2d 4 C 191, 184 4 Investment expenses not included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4 C 191, 184 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XIII Supplemental Information.	_	Net unrealized gains (1033e3) of investments						
d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses and losses per audited financial statements C Other (Describe in Part XIII.) 1 Total expenses and losses per audited financial statements C Other (Describe in Part XIII.) 1 Total expenses and losses per audited financial statements C Other (Describe in Part XIII.) 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities C Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities C Other (Describe in Part XIII.) e Add lines 2a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IX, line 12a. 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities C Other (Describe in Part XIII.) e Add lines 2a and 4b 5 Total expenses. Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Fotal expenses. Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Fotal expenses. Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart XIII Supplemental Information.		Donated services and use of facilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.						
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 61, 295, 487. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part IIII, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	_	12 00c						
3 60,006,388. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.			2e					
a Investment expenses not included on Form 990, Part VIII, line 7b			3	60,006,388.				
b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) For Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
c Add lines 4a and 4b	а	investment expenses not included on Form 930, Fait VIII, line 75.						
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fortil expenses. Add lines 2d and 4b; and Part XIII, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		Citier (Describe art are Am.)		101 104				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements								
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements				00,197,372.				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.	rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	1	· · · · · · · · · · · · · · · · · · ·	1	61,104,303.				
a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.								
b Prior year adjustments								
c Other losses	_							
e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	С							
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	d	Other (Describe in Part XIII.)						
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	е	Add lines 2a through 2d		61 104 202				
a Investment expenses not included on Form 990, Part VIII, line 7b	3		3	61,104,303.				
b Other (Describe in Part XIII.)	4							
c Add lines 4a and 4b	_	investment expenses not included on Form 930, Fart VIII, line Fb						
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 61,295,487. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Other (Describe in Lart Alli.)	10	191.184.				
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.								
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.				· · ·				
	Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line				
SEE PAGE 5	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.							
	SEE	PAGE 5						

Page 5

PART III, LINE 1A: DESCRIPTION OF COLLECTIONS

LOBBY PAINTING AND LIBRARY STAINED GLASS WINDOW REPRESENT THE HISTORICAL RELATIONSHIP BETWEEN THE US AND ISRAEL.

PART V, LINE 4: DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS AIEF'S SPENDING POLICY IS CONSISTENT WITH ITS INVESTMENT OBJECTIVE OF ACHIEVING LONG-TERM REAL GROWTH IN ITS ASSETS. IN ORDER TO ACHIEVE SUCH LONG-TERM REAL GROWTH, AIEF'S EXPENDITURES SHOULD BE LESS THAN AIEF'S TOTAL INFLATION-ADJUSTED RETURN ON INVESTMENTS. CONSISTENT WITH AIEF'S LONG-TERM INVESTMENT OBJECTIVES, AIEF'S TARGET SPENDING POLICY AT THE BEGINNING OF THE QUARTER WILL BE 5% TIMES THE PRECEDING THREE-YEAR AVERAGE MARKET VALUE OF THE ENDOWMENT PORTFOLIO. THE BOARD IS RESPONSIBLE FOR SETTING THIS SPENDING RATE FROM TIME TO TIME.

PART X, LINE 2: DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 UNDER ASC TOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHINICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

ASC 740-10. GENERALLY, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE SEPTEMBER 30, 2017.

PART XI, LINE 2D: OTHER CHANGE

CHANGE IN VALUE OF BENEFICIAL INTEREST

IN CHARITABLE LEAD TRUST

-18,457

FOREIGN CURRENCY GAIN

4,471

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

7 MEI	RICAN ISRAEL EDUCATION	FOIINDATTO	NT		52-16237	
Part				United States Comple		
rait	Form 990, Part IV, line 14		Outside the	Officed States. Compr	ete ii tile organization a	iliswered res on
	For grantmakers. Does the org	_			_	
	other assistance, the grantees'				Г	
	award the grants or assistance?					Yes No
2	For grantmakers. Describe in	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
	outside the United States.		,aa p	occurred to the mornioring	and add or no graine air.	a 01 a00.01a00
3	Activities per Region. (The follow	ving Part I, line		e duplicated if additional sp	pace is needed.)	T
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation					
С	sheets to Part I Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method o valuation (book, FMV, appraisal, othe
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
7)									
8)									
(9)									
0)									
1)									
2)									
3)									
4)									
5)									
16)									
		t organizations listed above antee or counsel has provide							

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (h) Method of (f) Amount of (g) Description valuation (book, FMV, recipients cash grant cash noncash of noncash disbursement assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Schedule F (Form 990) 2019

(11)

(12)

(13)

(14)

(15)

(16)

(17)

(18)

Schedule F (Form 990) 2019 Page **4**

Part	v Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990). Yes No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes X	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes No	

Schedule F (Form 990) 2019

Page 5 Schedule F (Form 990) 2019

Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F (Form 990) 2019

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2019

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization						Employer identificat	ion number
AMERICAN ISRAEL EDUCATION FOUNDAT	ION					52-162378	31
Part I General Information on Grants an	d Assistanc	е				•	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to D	Domestic Or	ganizations a	nd Domestic Go	vernments. Con	plete if the organiza	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient t	hat received	more than \$5	,000. Part II can	be duplicated if	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE							
251 H ST, NW WASHINGTON, DC 20001	53-0217164	501(C)(4)	13,786,019.				SEE PART IV
_(2)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and							
3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruction							1. nedule I (Form 990) (2019)

JSA

9E1288 1.000

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

THE PURPOSE OF THE AIEF GRANT IS TO PAY FOR THE EDUCATIONAL PROGRAMS

ASSOCIATED WITH THE ANNUAL AIPAC POLICY CONFERENCE. THE CONTENTS OF EACH

PLENARY SESSION AND EACH INDIVIDUAL SEMINAR CONDUCTED DURING THE POLICY

CONFERENCE ARE REVIEWED BY THE CONTROLLER, THE DIRECTOR OF FINANCE, AND

THE CFO, WITH CONSULTATION FROM BOTH INTERNAL AND OUTSIDE LEGAL COUNSEL,

TO DETERMINE WHETHER THE TOPICS COVERED ARE CONSISTENT WITH THE EDUCATION

MISSION OF AIEF AND MEET THE REQUIREMENTS FOR ALLOWABLE EXPENSE

REIMBURSEMENT. IN FY 2020, ALL AIEF GRANT FUNDS WERE USED TO FUND THE

POLICY CONFERENCE.

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Page 2

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
,	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
1					
j					
)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART II, LINE 1, COLUMN H:

PURPOSE OF GRANT OR ASSISTANCE: CONDUCT PROGRAMS AND DEVELOP

INFORMATIONAL MATERIALS.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ISRAEL EDUCATION FOUNDATION

Inspection Employer identification number

52-1623781

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		v
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			v
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	l

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RICHARD FISHMAN	(i)	0.	0.	0.	0.	0.	0.	0.
1 EXECUTIVE DIRECTOR	(ii)	821,268.	0.	81,125.	29,755.	39,946.	972,094.	0.
ARNE CHRISTENSON	(i)	0.	0.	0.	0.	0.	0.	0.
MANAGING DIR-POLICY & POLITICS	(ii)	660,338.	0.	0.	29,755.	39,946.	730,039.	0.
BENNETT GOLDSTEIN	(i)	0.	0.	0.	0.	0.	0.	0.
_3 ^{CFO}	(ii)	394,116.	0.	0.	29,755.	19,800.	443,671.	0.
MARY RICKEY	(i)	0.	0.	0.	0.	0.	0.	0.
4INTERIM - CFO	(ii)	288,652.	0.	0.	29,755.	39,986.	358,393.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3

AIEF HAS NO EMPLOYEES, BUT THROUGH A SHARED SERVICES RELATIONSHIP WITH AIPAC (THE 501(C)(4) ENTITY WITH WHICH IT IS AFFILIATED), AIEF SHARES THE COSTS OF FUNDING AIPAC EMPLOYEES' SALARIES AND ACTIVITIES, WHICH ARE CONSISTENT WITH AIEF'S 501(C)(3) STATUS AND WHICH ACCOMPLISHES AIEF'S CHARITABLE AND EDUCATIONAL MISSION. OFFICERS' SALARIES ARE REPORTED ON IRS FORM 990, PART VII.

AIPAC ENGAGES AN INDEPENDENT THIRD PARTY TO REVIEW THE REASONABLENESS OF
THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. WORK OF THE THIRD PARTY
INCLUDES COMPARING COMPENSATION DATA WITH SIMILARLY SITUATED
ORGANIZATIONS. AIPAC PROVIDES DATA TO THE COMPENSATION COMMITTEE, WHO
REVIEWS AND MAKES DETERMINATIONS ON ANNUAL COMPENSATION ADJUSTMENTS.

FOR COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES, AIPAC REVIEWS

SALARY SURVEY INFORMATION AND OTHER PUBLICLY AVAILABLE INFORMATION IN

DETERMINING ANNUAL COMPENSATION ADJUSTMENTS. THE COMPENSATION COMMITTEE

REVIEWS ANNUAL COMPENSATION ADJUSTMENTS.

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B

THE FOLLOWING EMPLOYEES PARTICIPATED IN A 457(F) PLAN DURING THE YEAR

FROM A RELATED ORGANIZATION, AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE:

RICHARD FISHMAN \$81,125 457(F).

THE YEAR ENDED SEPTEMBER 30, 2020.

THE COMMITTEE HAS ESTABLISHED A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT
PLAN FOR THE BENEFIT OF CERTAIN EXECUTIVES. THE COMMITTEE RECOGNIZED
\$117,019 OF THE EXPENSE TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization AMERICAN ISRAEL EDUCATION FOUNDATION

52-1623781

Employer identification number

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		34.	2,682,874.	STOCK EXC	CHANG	E V	ALUE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	gement	29			
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the							37
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a						3.7	
	contributions?					31	Х	
32a	Does the organization hire or use	-		•				7.7
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

Part II Supplem

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 **Open to Public** Inspection

52-1623781

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

FORM 990, PART III, LINE 1:

AMERICAN ISRAEL EDUCATION FOUNDATION

AIEF IS THE CHARITABLE ORGANIZATION AFFILIATED WITH THE AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE (AIPAC). AIEF MAKES GRANTS TO AIPAC THAT ARE CONSISTENT WITH THE FOUNDATION'S STATUS AS A CHARITABLE AND EDUCATIONAL 501(C)(3) ORGANIZATION, SUPPORTING EDUCATIONAL PROGRAMS INCLUDING MIDDLE EAST RESEARCH, EDUCATIONAL MATERIALS AND CONFERENCES, AND LEADERSHIP PROGRAMS FOR UNIVERSITY STUDENTS, AS WELL AS SPONSORED TRIPS TO HELP EDUCATE POLITICAL LEADERS AND INFLUENTIALS ABOUT THE IMPORTANCE OF THE UNITED STATES-ISRAEL RELATIONSHIP.

FORM 990, PART III, LINE 3:

THE COVID-19 PANDEMIC, WHOSE EFFECTS FIRST BECAME KNOWN IN JANUARY 2020, IS HAVING A BROAD AND NEGATIVE IMPACT ON THE GLOBAL ECONOMY AND FINANCIAL MARKETS AROUND THE WORLD. BEGINNING IN MARCH 2020, THE RESTRICTIONS FROM THE PANDEMIC IMPACTED THE FOUNDATION'S IN-PERSON ENGAGEMENT MODEL WHICH RESULTED IN THE CANCELLATION OF EVENTS, TRIPS, AND MEETINGS. AT THE ONSET OF THE PANDEMIC, THE FOUNDATION OUICKLY SHIFTED ITS STRATEGY TO USING VIRTUAL PROGRAMMING TO CONDUCT EDUCATION WORK UNTIL IN-PERSON PROGRAMMING IS ABLE TO RESUME. THE PANDEMIC ALSO IMPACTED ITS ABILITY TO FUNDRAISE AT THE HISTORICAL LEVELS RESULTING IN A DECREASE IN CONTRIBUTIONS FROM DONORS. TO OFFSET THE IMPACT OF THE PANDEMIC ON ITS OPERATIONS, THE FOUNDATION HAS IMPLEMENTED COST SAVING MEASURES AND WILL CONTINUE TO DO SO AS APPROPRIATE.

WHILE THERE HAS BEEN PROGRESS IN DEVELOPING AND DISTRIBUTING A COVID-19

VACCINE, THERE CONTINUES TO BE UNCERTAINTY AROUND THE BREADTH AND

DURATION OF THE BUSINESS DISRUPTION, AS WELL AS ITS IMPACT ON THE GLOBAL

ECONOMY. NONETHELESS, THE FOUNDATION WILL CONTINUE TO MONITOR THE

FINANCIAL AND BUSINESS IMPLICATIONS OF THE PANDEMIC ON ITS OPERATIONS AND

WILL IMPLEMENT NEW STRATEGIES AS APPROPRIATE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE AIPAC TOMORROW CAMPAIGN IS THE PLANNED GIVING AND ENDOWMENT

INITIATIVE OF AIPAC AND AIEF WHICH ALLOWS OUR DONORS TO INVEST IN THE

FUTURE STRENGTH AND SECURITY OF THE U.S.-ISRAEL RELATIONSHIP THROUGH

FINANCIAL AND ESTATE PLANNING.

EXPENSES \$52,396. INCLUDING GRANTS OF \$0. REVENUE \$0.

OTHER PROGRAM SERVICES THAT PROVIDE INFORMATION AND MEMBER EDUCATION EXPENSES \$17,920,130. INCLUDING GRANTS OF \$0. REVENUE \$0.

FORM 990, PART V, LINE 2A:

THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES. THE FOUNDATION UTILIZES AIPAC EMPLOYEES THROUGH A SHARED SERVICES ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY THE CONTROLLER, DIRECTOR OF FINANCE, AND CFO PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

1. EACH DIRECTOR AND OFFICER OF AIEF (HEREAFTER "KEY PERSON") IN A

Employer identification number

52-1623781

POSITION TO INFLUENCE OR TO VOTE UPON ANY POLICY OR BUSINESS OF AIEF SHALL EXERCISE GOOD FAITH IN ALL TRANSACTIONS RELATING TO AIEF, AND SHALL NOT USE HIS OR HER POSITION OR KNOWLEDGE GAINED THEREFROM, DIRECTLY OR INDIRECTLY, TO PERMIT A CONFLICT OF INTEREST TO ARISE BETWEEN THE INTERESTS OF AIEF AND THE PERSONAL AND/OR BUSINESS INTERESTS OF ANY KEY PERSON, INCLUDING THOSE OF IMMEDIATE FAMILY MEMBERS OF SUCH KEY PERSONS. 2. PRIOR TO THE AUTHORIZATION AND DISCUSSION OF ANY POLICY OR BUSINESS TO BE ADOPTED OR CONDUCTED BY AIEF, SHOULD ANY KEY PERSON, INCLUDING THOSE OF IMMEDIATE FAMILY MEMBERS OF KEY PERSONS, HAVE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST BETWEEN AIEF AND THE POLICY OR BUSINESS TO BE CONSIDERED, SUCH KEY PERSON SHALL DISCLOSE SUCH RELATIONSHIP OR INTEREST TO THE BOARD OR BOARD COMMITTEE ACTING ON THE POLICY OR BUSINESS TO BE AUTHORIZED. HOWEVER, SHOULD THE POLICY OR BUSINESS TO BE ADOPTED OR CONDUCTED BY AIEF INVOLVE ANY OFFER FOR THE PURCHASE OF GOODS OR SERVICES, IN WHICH ANY KEY PERSON OR ANY LAY LEADER OF AIEF, HAS A PERSONAL RELATIONSHIP OR OTHER INTEREST, SUCH POLICY OR BUSINESS MATTER SHALL FIRST BE REFERRED TO THE BOARD FOR REVIEW AND RECOMMENDATION TO THE BOARD. 3. UPON DISCLOSURE OF SUCH RELATIONSHIP, INTEREST AND/OR RECOMMENDATION OF THE BOARD FOLLOWING REVIEW, THE KEY PERSON MAKING SUCH DISCLOSURE SHALL NOT PARTICIPATE IN ANY OF THE DISCUSSIONS CONCERNING THE AUTHORIZATION OF THE POLICY OR BUSINESS IN WHICH THE INTEREST OR RELATIONSHIP HAS BEEN DISCLOSED, NOR SHALL SUCH KEY PERSON BE PERMITTED TO COUNT IN DETERMINING THE EXISTENCE OF A QUORUM OR OTHERWISE VOTE IN THE MATTER BEING DISCUSSED. 4. THE MINUTES OF ANY SUCH MEETING SHALL REFLECT THE DISCLOSURE MADE, THE VOTE TAKEN, AND WHERE APPLICABLE, THE

52-1623781

ABSTENTION FOR PARTICIPATION AND VOTING OF THE KEY PERSON WHO HAS MADE
THE REQUIRED DISCLOSURE. 5. THIS CONFLICT OF INTEREST POLICY SHALL BE
PROVIDED TO EACH KEY PERSON AT THE MEETING OF THE BOARD OF DIRECTORS
FOLLOWING AIPAC'S ANNUAL POLICY CONFERENCE. IN ADDITION, EACH NEW KEY
PERSON SHALL BE PROVIDED A COPY OF THIS POLICY UPON COMMENCEMENT OF HIS
OR HER POSITION AS A KEY PERSON WITH AIEF. 6. KEY PERSONS OF THE
ORGANIZATION SHALL NEITHER SOLICIT NOR ACCEPT GRATUITIES, FAVORS, OR
ANYTHING OF MONETARY VALUE FROM VENDORS OR PARTIES TO SUB-AGREEMENTS.
HOWEVER, UNSOLICITED GIFTS OF A NOMINAL VALUE MAY BE ACCEPTED ONLY WITH
THE APPROVAL OF THE EXECUTIVE DIRECTOR. PERSONS OF THE ORGANIZATION SHALL
NEITHER SOLICIT NOR ACCEPT GRATUITIES, FAVORS, OR ANYTHING OF MONETARY
VALUE FROM VENDORS OR PARTIES TO SUB-AGREEMENTS. HOWEVER, UNSOLICITED
GIFTS OF A NOMINAL VALUE MAY BE ACCEPTED ONLY WITH THE APPROVAL OF THE
EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

TO THE EXTENT THAT AIEF'S STATE CHARITABLE REGISTRATIONS REQUIRE THE PROVISION OF GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS, THOSE DOCUMENTS ARE MADE AVAILABLE THROUGH PUBLIC REQUEST CHANNELS.

FORM 990, PART XI, LINE 9, OTHER CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST

IN CHARITABLE LEAD TRUST -18,457

FOREIGN CURRENCY GAIN 4,471

Name of the organization
AMERICAN ISRAEL EDUCATION FOUNDATION

Employer identification number

52-1623781 ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AIEF IS THE CHARITABLE ORGANIZATION AFFILIATED WITH THE AMERICAN
ISRAEL PUBLIC AFFAIRS COMMITTEE (AIPAC). AIEF MAKES GRANTS TO AIPAC
THAT ARE CONSISTENT WITH THE FOUNDATION'S STATUS AS A CHARITABLE AND
EDUCATIONAL 501(C)(3) ORGANIZATION, SUPPORTING EDUCATIONAL PROGRAMS
INCLUDING MIDDLE EAST RESEARCH, EDUCATIONAL MATERIALS AND
CONFERENCES, AND LEADERSHIP PROGRAMS FOR UNIVERSITY STUDENTS, AS WELL
AS SPONSORED TRIPS TO HELP EDUCATE POLITICAL LEADERS AND INFLUENTIALS
ABOUT THE IMPORTANCE OF THE UNITED STATES-ISRAEL RELATIONSHIP.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

TRAVEL CONCEPTS
435 WORCESTER ROAD
FRAMINGHAM, MA 01701

TRAVEL SERVICES

4,502,327.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organizationEmployer identification numberAMERICAN ISRAEL EDUCATION FOUNDATION52-1623781

(a) Name, address, and EIN (if applicable) of disregard	d entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity
(1)						
2)						
3)						
4)						
5)						
6)						

Part II Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		(1) (12(b)(13) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
						Yes	No
(1) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE 53-0217164							
251 H STREET WASHINGTON, DC 20001	SUPPORT US IS	DC	501(C)(4)		N/A		X
(2) AIPAC-AIEF ISRAEL R.A.							
38 KEREN HAYESOD JERUSALEM, IS	SUPPORT US-IS	IS			N/A		X
(3)							
(4)							
_(5)							
_(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Part III Identification of Relation because it had one or	•			• •	•	inswered "Yes"	on I	Forn	n 990, Part IV,	line	34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentag ownershi
(1)												
(2)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(1 controlle entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

(3)

(4)

(5)

(6)

(7)

Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	🏻	1a		X			
	Gift, grant, or capital contribution to related organization(s)		1b	Х				
	Gift, grant, or capital contribution from related organization(s)		1c		X			
	Loans or loan guarantees to or for related organization(s)		1d	Х				
	Loans or loan guarantees by related organization(s)		1e		X			
f	Dividends from related organization(s)	[1f		X			
g		[1g		X			
h	Purchase of assets from related organization(s)	[1h		X			
i	Exchange of assets with related organization(s)	L	1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)		1j		X			
_								
k	Lease of facilities, equipment, or other assets from related organization(s)	L	1k		X			
ı	Performance of services or membership or fundraising solicitations for related organization(s)		11		X			
m	Performance of services or membership or fundraising solicitations by related organization(s).		1m		X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	L	1n	X				
	Sharing of paid employees with related organization(s)		10	X				
р	Reimbursement paid to related organization(s) for expenses	[1р	Х				
q	Reimbursement paid by related organization(s) for expenses	[1q		X			
·								
r	Other transfer of cash or property to related organization(s)	L	1r		X			
s	Other transfer of cash or property from related organization(s)		1s	Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	n thres	holds	s.				
	(a) (b) (c) Name of related organization Transaction Amount involved M	Method of	(d)	rminir	na			
type (a-s)								
(1)	AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE B 13,786,019. CA	SH						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	В	13,786,019.	CASH
(2) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	D	10,000,000.	CASH
(3) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	N,O,P	36,347,567.	CASH
(4) AIPAC-AIEF ISRAEL, R.A.	N,O,P	3,680,263.	CASH
(5) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE	S	157,781.	CASH
(6)			

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	N of entity Primary activity Legal (state of		(d) Predominant income (related, unrelated, excluded from tax under			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.